APPLICATION F(/ UNITED STATES PATL AT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: OPTICAL DISK, METHOD OF FORMING IMAGE ON OPTICAL DISK, TMAGE FORMING APPARATUS AND ADHESIVE LAYER TRUANSFER SHEET

	and claimed in the specification:	
Check one a. (b. [attached hereto. 3 attached hereto. 6 filed on Jan. 17,1996 as Application Serial No and am	
		(if applicable)
the claims	eby state that I have reviewed and understand the contents of the above- is, as amended by any amendment referred to above.	
application	nowledge the duty to disclose information of which I am aware which is m n in accordance with Title 37, Code of Federal Regulations, § 1.56(a). Use benefits of the following foreign application(s) filed within one year pri	Under Title 35, U.S. Code § 119,
application	n in accordance with Title 37, Code of Federal Regulations, § 1.56(a). U	Under Title 35, U.S. Code § 119, ior to this application are hereby .led on January 20, 1

2 If there are no corresponding applications, insert "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst (Reg. No. 25,177), Charles A. Wendel (Reg. No. 24,453) and/or Marc A. Rossi (Reg. No. 31,923)

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO PARKHURST, WENDEL & ROSSI, 1421 Prince Street, Suite 210, Alexandria, Virginia 22314, Telephone: (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

of Sole or F		r	atsuya		KITA	1		
		G	iven Name	Middle Initial	Family	Name		
*4 Inventor's Si	gnature 7	- P	Tats	uya	Zi	ta		
*5 Date of Sign	ature	- CE	March	າ		27	1996	
			Month			Day	Year	
6 Residence	Tokyo-To	<u> </u>					Japan	
	City		State	or Province	•		Country	
7 Citizenship.	Japan							
8 I	ost Office Addres		c/o Dai	Nippon	Printing	Co.,	Ltd,. 1-1,	Ichigaya-
(1	nsert complete maili ress, including coun	ng	Kaga-Ch	o 1-Chom	e, Shinj	ıku-Ku	, Tokyo-To	, Japan

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒



^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

PAGE 4 OF U.S.A. DECLARATION FORM (Discard-this page in a sole inventor application)

3	Typewritten Full Name of	Naoji		SHIBASAKI	
-	Second Joint Inventor (if any)	Given Name	Middle Initial	Family Name	
4	Inventor's Signature	naeji	Shib	saki	_
	Inventor's Signature	March		27	1996
5	Date of Signature	Month		Day	Year
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	m	Takeshi		UENO	
,	Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name	
ļ	Inventor's Signature	> Tak	cuhi	Mesio	
		March		27	1996
,	Date of Signature	Month		Day	Year
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	City	State or Pr	ovince	Country	
•	Citizenship Japan			ing Co., Ltd.,	
3	Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of Fourth Joint Inventor (if any)	Tokyo-To Given Name		-Chome, Shinjuku Family Name	
	_	ONEI WEIL	Middle initial	Tamby Manue	
	Inventor's Signature	<u> </u>			
i	Date of Signature	Month	····	Day	Year
,	Residence				
	City	State or P	rovince	Country	
'	Citizenship				
	C				
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	Post Office Address (Insert complete mailing	Given Name	Middle Initial	Family Name	
3	Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of	Given Name	Middle Initial	Family Name	
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3 4 5	Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of Fifth Joint Inventor (if any) Inventor's Signature Date of Signature Residence	Month		Day	Year
3 4 5	Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of Fifth Joint Inventor (if any) Inventor's Signature Date of Signature Residence	F			Year
8 3 4 5 6	Post Office Address (Insert complete mailing address, including country) Typewritten Full Name of Fifth Joint Inventor (if any) Inventor's Signature Date of Signature Residence	Month		Day	Year

* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.